



# Environmental Protection Agency

1701 S. First Street Maywood, IL. 60153 715

312/345-9780

Refer to: 08904503 - Kane County - Hampshire/Borden, Inc.  
ILD005468822

April 16, 1982

Borden, Inc.  
201 Keyes Avenue  
Hampshire, Illinois 60140

Dear Mr. Kuhfahl:

An inspection of your facility was conducted by a representative of the Illinois Environmental Protection Agency (IEPA) on April 1, 1982. This inspection was conducted by the Illinois Environmental Protection Agency under a Cooperative Arrangement with, and authorization of, the United States Environmental Protection Agency (USEPA). The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) of 1976, P.L. 94-580, as amended.

Your facility presently is not generating a hazardous waste. Should your facility resume generating and storing hazardous waste, you must implement RCRA standards in regards to inspection requirements (Section 265.15), maintain an operating record under (Section 265.73) and post danger signs at the storage area under (Section 265.14(c)).

Requirements contained in 40 CFR 265.53(b) were not complied with in that copies of the contingency plan were not submitted to local emergency response organizations.

You are hereby requested to submit to this office, within 15 days of receipt of this letter, a description of steps taken to correct this deficiency. Failure to correct this deficiency may result in enforcement actions initiated by USEPA pursuant to 40 USC 6928. Please send your reply to the above address. Should you have any questions concerning this matter, please contact Brad Benning of my staff at the above number.

Sincerely,

A handwritten signature in blue ink, which appears to read "Kenneth P. Bechely".

Kenneth P. Bechely, Northern Region Manager  
Field Operations Section  
Division of Land/Noise Pollution Control

KPB:BPB:prb

Enclosure: Inspection Report

cc: Division File  
Northern Region  
U.S. E.P.A. - Region V

ENVIRONMENTAL PROTECTION AGENCY STATE OF ILLINOIS

L P C F C O 5 5 C  
(1) (8) (9)

OBSERVATION REPORT - SITE INVENTORY NO.

(11) (18)

CO. - L.P.C.

Region #

Date

(20) (25)

Letter Sent (Yes or No)

(26)

(Location)

(Responsible Party)

Samples Taken: Yes ( ) No ( )

Time: From : m

Weather

Ground Water ( ) Surface ( ) Other ( )

To : m

Photos Taken: Yes ( ) No ( )

Interviewed

Inspector

(27)

(29)

Previous Inspection

Previous Correspondence

Site Open: Yes ( ) No ( )

OPERATIONAL STATUS:

TYPE OF OPERATION:

AUTHORIZATION:

Operating ( )

Landfill ( )

Storage ( )

E.P.A. Permit ( )

Temporarily Closed ( )

Random Dump ( )

Salvage ( )

Variance ( )

Closed Not Covered ( )

Other ( )

A.C.D. ( )

21(e) ( )

Closed and Covered ( )

Quantity Received Daily(1-6)

(30)

Board Order ( )

Illegal (5) ( )

(31)

IMPROVED

LPC 4 1/79 5,000

SAME

I S or D

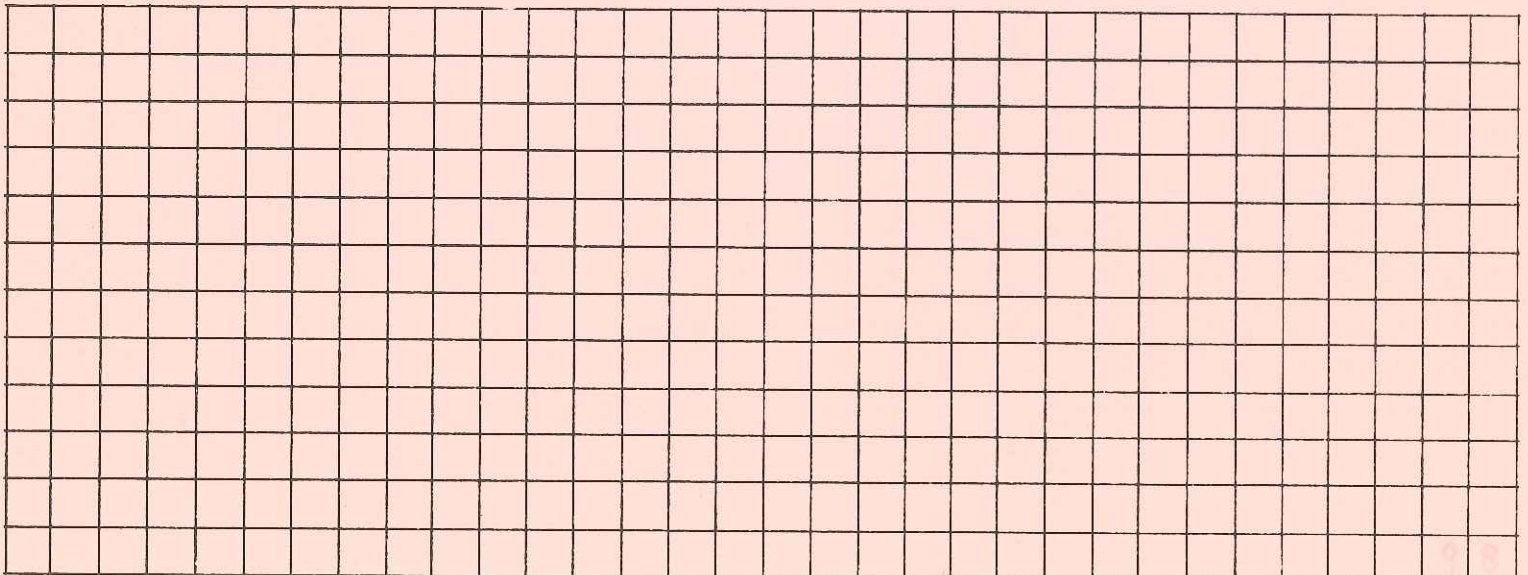
(62)

DETERIORATED

GENERAL REMARKS:

INTERVIEW:

DIAGRAM:



08904503  
STATE IDENTIFICATION NUMBER  
(If Applicable)

IL0005468822  
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
TREATMENT, STORAGE, AND DISPOSAL FACILITIES  
Form A - General Facility Standards

I. General Information:

- (A) Facility Name: Borden Inc - Consumer Products - (Pet-Ag)  
(B) Street: 201 Keyes Ave  
(C) City: Hampshire (D) State: IL (E) Zip Code: 60140  
(F) Phone: 312/683-2288 (G) County: KANE  
(H) Operator: Borden Inc.  
(I) Street: 180 East Broad Street  
(J) City: Columbus (K) State: Ohio (L) Zip Code: 43215  
(M) Phone: 614/225-4000 (N) County: \_\_\_\_\_  
(O) Owner: Same as operator  
(P) Street: \_\_\_\_\_  
(Q) City: \_\_\_\_\_ (R) State: \_\_\_\_\_ (S) Zip Code: \_\_\_\_\_  
(T) Phone: \_\_\_\_\_ (U) County: \_\_\_\_\_  
(V) Date of Inspection: 4-1-82 (W) Time of Inspection (From) 9<sup>30</sup> AM (To) 11:00 AM  
(X) Weather Conditions: Sunny 55°

(Y) Person(s) Interviewed	Title	Telephone
<u>Dale KuhFahl</u>	<u>Plant Manager</u>	<u>312/683-2284</u>
_____	_____	_____
_____	_____	_____
(Z) Inspection Participants	Agency/Title	Telephone
<u>Brad Benning</u>	<u>IEPA/EPS</u>	<u>312/345-9780</u>
<u>Charles Gruntman</u>	<u>IEPA/EPE</u>	<u>"</u>
_____	_____	_____
_____	_____	_____
(AA) Preparer Information		
Name	Agency/Title	Telephone
<u>Brad Benning</u>	<u>IEPA/EPS</u>	<u>"</u>
_____	_____	_____

## II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> A. Storage and/or Treatment | <input type="checkbox"/> D. Incineration and/or Thermal Treatment |
| 1. Containers (I) ✓   | (O and P)   |
| 2. Tanks (J)  |   |
| 3. Surface Impoundments (K)                                     | <input type="checkbox"/> E. Chemical, Physical, and Biological    |
| 4. Waste Piles (L)  | Treatment (Q)   |
| <input type="checkbox"/> B. Land Treatment (M)                  |   |
| <input type="checkbox"/> C. Landfills (N)                       |   |

omitted - 10-18, 21, 23

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.



III. GENERAL FACILITY STANDARDS:  
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	—	—	✓	<u>No importing of waste</u>
2. Facility expansion?	—	—	✓	<u>NO expansion</u>
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	✓	—	—	_____
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	✓	—	—	<u>limited plan.</u>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	—	—	✓	_____
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	—	✓	—	_____
2. Artificial or natural barrier around facility?	✓	—	—	<u>Fence</u>
3. Controlled entry?	✓	—	—	<u>Gates</u>
4. Danger sign(s) at entrance?	—	✓	—	<u>NO WASTE on-site</u>
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	✓	—	—	<u>Have inspection</u>
2. Records of operator error?	✓	—	—	<u>sheet but has</u>
3. Records of discharges?	✓	—	—	<u>never been</u>

\*Not Inspected

GENERAL FACILITY STANDARDS

Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>filled out, as</u>
5. Safety, emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>haz. waste is</u>
6. Security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>no longer general</u>
7. Operating and structural devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>at present time</u>
8. Inspection log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>_____</u>
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Have received</u>
2. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>some additional</u>
3. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>training on haz.</u>
4. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>waste. HAVE</u>
5. Have facility personnel received required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>emerg. response</u>
6. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>team, which is</u> <u>trained in fire, spill</u> <u>prevention</u>
(E) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NOT ignitable</u>
2. No smoking signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>or reactive</u>
3. Separation and protection from ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>_____</u>

\*Not Inspected

IV. PREPAREDNESS AND PREVENTION:  
(Part 265 Subpart C)

(A) Maintenance and Operation  
of Facility:

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

Yes No NI\* Remarks

— ✓ —

(B) If required, does the facility  
have the following equipment:

1. Internal communications or  
alarm systems?

✓ — —

Paging System  
Burglar alarm  
heat-fire detection

2. Telephone or 2-way radios  
at the scene of operations?

✓ — —

Intercom

3. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

✓ — —

Fire exting.  
Fire Hoses  
Spill Gear  
Showers

Indicate the volume of water and/or foam available for fire control:

Private well , city water

(C) Testing and Maintenance of  
Emergency Equipment:

1. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

✓ — —

Exting. weekly Inha.  
6mo. dry service.  
contract.

2. Is emergency equipment  
maintained in operable  
conditions?

✓ — —

(D) Has owner or operator provided  
immediate access to internal  
alarms? (if needed)

✓ — —

pull boxes

\*Not Inspected

(E) Is there adequate aisle space for unobstructed movement?



V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:  
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the following information:

Yes No NI\* Remarks

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)
2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)



\*Not Inspected



## V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	—	✓	—	—
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	✓	—	—	—
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	✓	—	—	—
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	✓	—	—	—
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	—	—	✓	non-emergencies

## VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	<u>    </u>	<u>    </u>	<u>✓</u>	<u>Do not accept</u>
2. Are records of past shipments retained for 3 years?	<u>    </u>	<u>    </u>	<u>✓</u>	<u>any haz. waste</u>
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	<u>    </u>	<u>    </u>	<u>✓</u>	<u>                    </u>

VI. RECORDKEEPING - Continued

(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?

✓ — — partial Record.

2. Does the operating record contain the following information:

- \*\*b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

— — ✓ No waste

- c. The location and quantity of each hazardous waste within the facility?

— — ✓ on site.

- \*\*\*d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

— — ✓ No Disposal

- e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓ — —

- f. Reports detailing all incidents that required implementation of the Contingency Plan?

✓ — —

- g. All closure and post closure costs as applicable? (Effective 5-19-81)

✓ — —

\*\* See page 33252 of the May 19, 1980, Federal Register.

\*\*\* Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE  
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has this plan been submitted to the Regional Administrator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is closure estimate available by May 19, 1981?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

VIII. FACILITY STANDARDS  
(Part 265, Subparts I thru R)

I  
USE AND MANAGEMENT OF CONTAINERS

Facility Name: Borden Inc Date of Inspection: 4-1-82

	Yes	No	NI*	Remarks
1. Are containers in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>no drums on</u>
2. Are containers compatible with waste in them?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>site</u>
3. Are containers stored closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Are containers managed to prevent leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

	Yes	No	NI*	Remarks
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	_____	_____	_____	_____
4. Are inspection procedures followed according to 265.403?	_____	_____	_____	_____
5. Are the special requirements fulfilled for ignitable or reactive wastes?	_____	_____	_____	_____
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	_____	_____	_____	_____

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.2 or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

#### IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

#### 1. MANIFEST REQUIREMENTS

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	_____	_____✓_____	_____	_____
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number?	_____	_____	_____✓_____	_____
2. Name, mailing address, telephone number, and EPA ID Number of Generator	_____	_____	_____✓_____	_____



	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)?	—	—	✓	_____
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	—	—	✓	_____
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	—	—	✓	_____
6. The total quantity of waste(s) and the type and number of containers loaded?	—	—	✓	_____
7. Required certification?	—	—	✓	_____
8. Required signatures?	—	—	✓	_____
(C) Does the owner or operator submit exception reports when needed?	—	—	✓	_____

## 2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)	—	—	✓	<u>NO haz. waste on-site.</u>
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	—	—	✓	_____
(C) If required, are placards available to transporters of hazardous waste?	—	—	✓	_____

VI. RECORDKEEPING and REPORTING  
(Part 262, Subpart D)

	Yes	No	NI*	Remarks
(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Has the generator submitted Annual Reports and Exception Reports as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. INTERNATIONAL SHIPMENTS  
(Part 262, Subpart E)

Has the installation imported or exported Hazardous Waste?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	-------------------------------------	--------------------------	--

(If answered Yes, complete the following as applicable.)

1. Exporting Hazardous waste, has a generator:				
a. Notified the Administrator in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Met the Manifest requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Importing Hazardous Waste, has the generator:				
Met the manifest requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## XI. REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

Borden Pet-Ag, produces Animal feeds, they previously used dryers which generated a dust, the dust would go through a carbon filter, when the carbon filter is regenerated a liquid condensate is generated, analysis showed elevated levels of lead (0008).

The facility no longer uses the dryers and therefore no longer generates any haz. waste.

Mr. Kuhnahl stated that if the dryers are

REMARKS: used in the future, they would probably

generate only ~ 1500lbs/year. The facility was in compliance with RCRA reg. although the inspections and operating records were not being kept since no waste is currently on-site. Manifest were not available, as generation of haz. waste had ceased prior to Nov. 80.

CONTINUE ON REVERSE



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "T"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

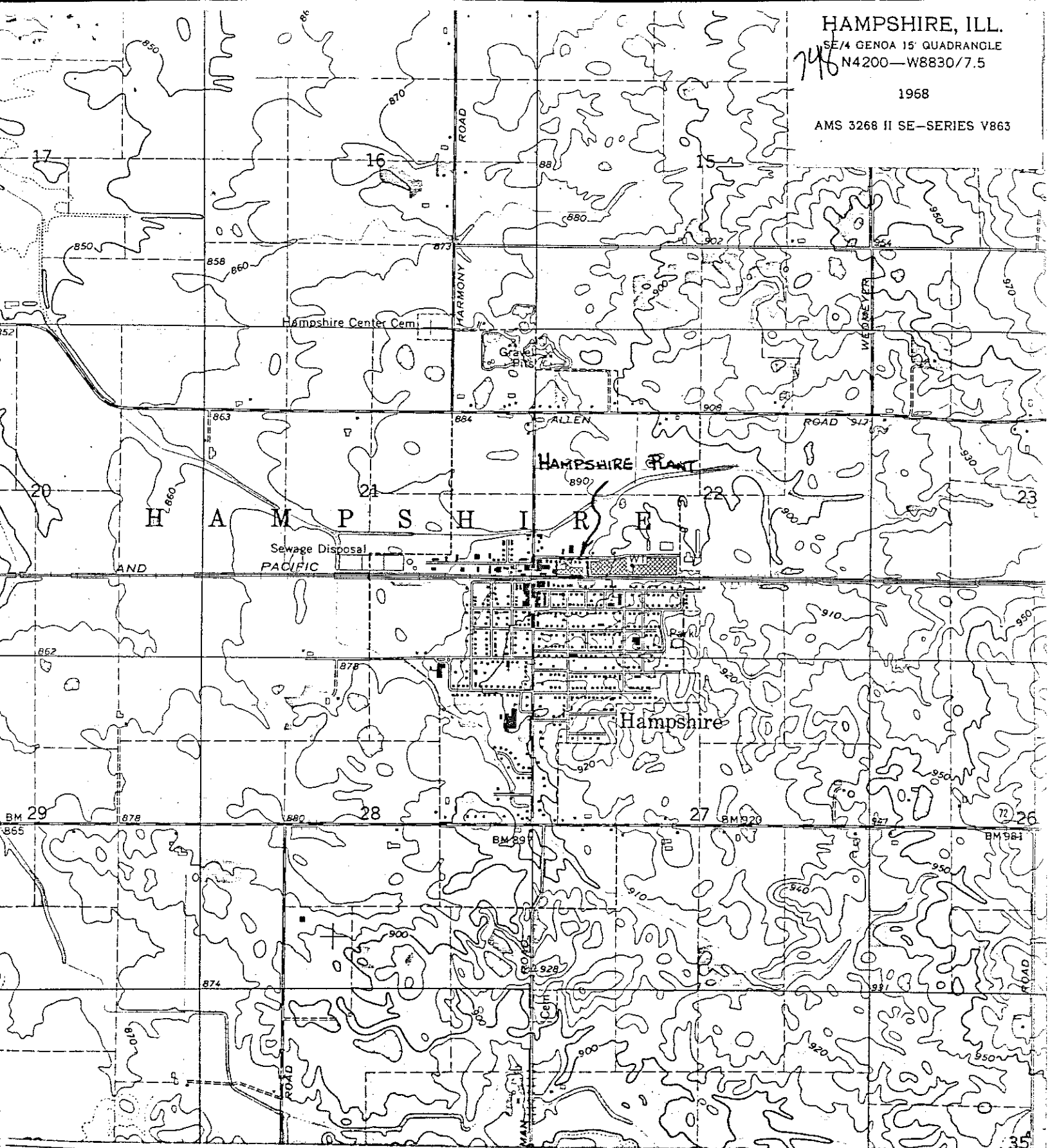
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

HAMPSHIRE, ILL.

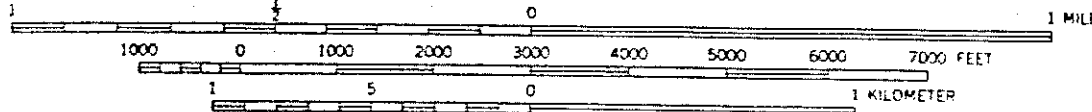
SE/4 GENOA 15' QUADRANGLE  
N4200—W8830/7.5

1968

AMS 3268 II SE—SERIES V863



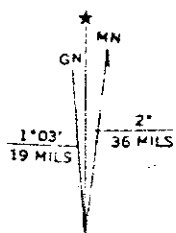
SCALE 1:24000



CONTOUR INTERVAL 10 FEET

DOTTED LINES REPRESENT 5 FOOT CONTOURS

DATUM IS MEAN SEA LEVEL



UTM GRID AND 1968 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET

FORM <b>1</b> GENERAL	<b>EPA</b>	U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	748 1LD005468823	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

## II. POLLUTANT CHARACTERISTICS

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

## III. NAME OF FACILITY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
SMITH-DOUGLASS BORDEN CHEMICAL DIV.																			

## IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)										B. PHONE (area code & no.)									
2 KUHFAHL, DALE PLANT MANAGER										312 683 2288									

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX																			
3 P.O. BOX 396																			
B. CITY OR TOWN										C. STATE					D. ZIP CODE				
4 HAMPSHIRE										IL					60140				

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																																		
5 201 KEYES AVENUE																																		
B. COUNTY NAME										C. CITY OR TOWN										D. STATE					E. ZIP CODE					F. COUNTY CODE (if known)				
KANE										HAMPSHIRE										IL					60140					089				



VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	2	0	C	7		
15	16	17	18	15	16	17	18

(specify) PREPARED FEEDS & FEED INGREDIENTS FOR ANIMALS

C. THIRD				D. FOURTH			
C	7			C	7		
15	16	17	18	15	16	17	18

(specify)

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?
C	8 B. O. R. D. E. N. I. N. C.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
15	16	66

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL M = PUBLIC (other than federal or state)  
S = STATE O = OTHER (specify)  
P = PRIVATE

D. PHONE (area code & no.)

C	6	1	4	2	2	5	4	0	0	0
15	16	17	18	19	20	21	22	23	24	25

E. STREET OR P.O. BOX

180 EAST BROAD STREET

F. CITY OR TOWN

C. O. L. U. M. B. I. U. S.

G. STATE

O. H.

H. ZIP CODE

4. 3. 2. 1. 5

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
C	9	N		C	9	P	
15	16	17	18	15	16	17	18

B. UIC (Underground Injection of Fluids)

C	9	U	
15	16	17	18

C. RCRA (Hazardous Wastes)

C	9	R	
15	16	17	18

E. OTHER (specify)

(specify) ILL. PERMITS 03020353 BOILER  
03020352 BULK UNLOADING  
03020355 PET/VET  
03020356 ROLL DRYER

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9N/50

XII. NATURE OF BUSINESS (provide a brief description)

Produces by mixing and drying, animal feed supplements, animal food additives and animal dietary additives for domestic and international distribution.

F9A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Robert W. Gutheil, President Borden Chemical		11/17/80

COMMENTS FOR OFFICIAL USE ONLY

C	
C	
15	16



## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 2

[illegible]

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (*see instructions for more detail*).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	2	0	5	50	0	5	0	0	8	8	3	1	50	0	5	0			
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81			

### VIII. FACILITY OWNER

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
BORDEN, INC.										614-225-4000									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
180 EAST BROAD ST.										COLUMBUS									
5. ST.										6. ZIP CODE									
OH										43215									


## IX. OWNER CERTIFICATION

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

<p>A. NAME (print or type)          Robert W. Gutheil, President          Borden Chemical</p>	<p>B. SIGNATURE  </p>	<p>C. DATE SIGNED          11/17/80</p>
---	---	---

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<p>A. NAME (print or type)</p> <p>DALE E. KUHFAHL, Plant Manager</p>	<p>B. SIGNATURE</p> 	<p>C. DATE SIGNED</p> <p>November 3, 1980</p>
--	--	---

EPA I.D. NUMBER (enter from page 1)															OFFICE USE ONLY																																																																																																																		
<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td> </tr> <tr> <td colspan="10"></td> <td colspan="5">T/A L</td> </tr> <tr> <td colspan="10"></td> <td colspan="5">1</td> </tr> </table>															1	2	3	4	5	6	7	8	9	10	11	12	13	14	15											T/A L															1					<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td> </tr> <tr> <td colspan="10"></td> <td colspan="5">T/A C</td> </tr> <tr> <td colspan="10"></td> <td colspan="5">2</td> </tr> <tr> <td colspan="10"></td> <td colspan="5">DUP</td> </tr> </table>										1	2	3	4	5	6	7	8	9	10	11	12	13	14	15											T/A C															2															DUP				
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## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. CODES												D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
				23	24	25	26	27	28	29	30	31	32	33	34		
1	D 0 0 0	4,940	P	S	0	1											
02/	D 0 0 8	4940	P	S	0	1											
03/	P 0 0 6	"		S	0	1											
4																	
5																	
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26																	



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

APR 27 1982

Dale Kuhfahl, Plant Manager  
Borden Chemical, Smith-Douglass Division  
P. O. Box 396  
Hamshire, Illinois 60140

RE: Interim Status Acknowledgement      USEPA ID No. ILD 005 468 822  
FACILITY NAME: BORDEN CHEMICAL, SMITH-DOUGLASS DIVISION

Dear Mr. Kuhfahl:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: Robert W. Gutheil, President

OK  
SKS  
4-27-82



## GENERAL

## LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

BORDEN INC CONSUMER  
PROD DIV PET-AG

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

## SPECIFIC QUESTIONS

MARK 'X'

A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)

YES NO FORM ATTACHED  
15 16 17 18  
X

C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)

YES NO FORM ATTACHED  
22 23 24  
X

E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)

YES NO FORM ATTACHED  
28 29 30  
X X

G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)

YES NO FORM ATTACHED  
34 35 36  
X

I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

YES NO FORM ATTACHED  
40 41 42  
X

B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)

MARK 'X'

D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)

YES NO FORM ATTACHED  
19 20 21  
X

F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)

YES NO FORM ATTACHED  
25 26 27  
X

H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)

YES NO FORM ATTACHED  
31 32 33  
X

J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

YES NO FORM ATTACHED  
37 38 39  
X

## III. NAME OF FACILITY

1 SKIP BORDEN CHEMICAL SMHH-DOUGLASS DIV  
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
11D005468822

## IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)  
2 BARTON W. BAILEY DIR ENV AFF  
3 KUHF AHL, DALE PLANT MANAGER  
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

B. PHONE (area code &amp; no.)

312 683 2288  
45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P. O. BOX 396  
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

B. CITY OR TOWN

4 HAMPSHIRE  
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

C. STATE

IL

D. ZIP CODE

60140  
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 201 KEYES AVE  
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

B. COUNTY NAME

KANE  
46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

C. CITY OR TOWN

6 HAMPSHIRE  
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

D. STATE

IL

E. ZIP CODE

60140  
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

F. COUNTY CODE (if known)

089  
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



FACILITY NAME

-----  
BORDEN CHEMICAL SMITH-DOUGLASS DIV

EPA ID NUMBER

-----  
ILD005468822

FACILITY OPERATOR

-----  
BORDEN INC

FACILITY OWNER

-----  
BORDEN INC

FACILITY LOCATION

-----  
201 KEYES AVE  
HAMPSHIRE

IL 60140

PROCESS CODE

-----  
S01

DESIGN CAPACITY

-----  
11880.00000

UNIT OF MEASURE

-----  
G

-----\*\*KEY\*\*-----

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF MEASURE
-----			
STORAGE:			* GALLONS
-----			* LITERS
CONTAINER	S01	G OR L	* CUBIC YARDS
TANK	S02	G OR L	* CUBIC METERS
WASTE PILE	S03	Y OR C	* GALLONS PER DAY
SURFACE IMPOUNDMENT	S04	G OR L	* LITERS PER DAY
DISPOSAL:			* TONS PER HOUR
-----			* METRIC TONS\HOUR
INJECTION WELL	D79	G,L,U, OR V	* GALLONS\HOUR
LANDFILL	D80	A OR F	* LITERS\HOUR
LAND APPLICATION	D81	B OR O	* ACRE-Feet
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES
TREATMENT:			* HECTARES
-----			* POUNDS\HOUR
TANK	T01	U OR V	* KILOGRAMS\HOUR
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY
INCINERATOR	T03	D,W,E, OR H	* METRIC TONS\DAY
OTHER	T04	J,R,N,S,U,V	*

# PART A AMENDMENTS

Fac.: Name BORDEN CHEMICAL SMITH DOUGLASS DIV I.D. # ILD 005 468 822

## Application

Date  
Received

Date of  
ADP Input

Filed (check)

11-19-80

## Amendments

Date  
Received

Date of Tech  
Staff Approval (if  
necessary)

Date of  
ADP Input

Filed (check)

4-26-82

5-11-82

✓

✓

I.D.# ILD 005 468 522

Facility Name BORDEN CHEMICAL-Smith Douglas ☐ ACKNOWLEDGEMENT SENT

Reviewer ELER

INTERNAL CHECKLIST

Date Review Started 9/3/81

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

D. (1) NOTIFIED after AUGUST 18, 1980 ☐ Valid

(2) NONNOTIFIER ☐

E. (1) FORM 1, XIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. A. TSDF ☒

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY  
(missing name and address on Form 3) ☐

E. NEW FACILITY ☐

F. CORE ITEM(S) MISSING ☐

G. NONCORE ITEM(S) MISSING ☐

H. OTHER ☐

*(Small quantity pr.)*

# RECORD OF COMMUNICATION

☐ PHONE CALL    ☐ DISCUSSION    ☐ FIELD TRIP    ☐ CONFERENCE  
☐ OTHER (SPECIFY)

(Record of item checked above)

TO:

FROM:

DATE

TIME

SUBJECT

Facility I.D.# / Facility Name

SUMMARY OF COMMUNICATION

E2

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:



FORM 1 (EPA FORM 3510-1)

ITEM NUMBER

CHECK IF ITEM  
MISSING

II. Pollutant Characteristics

☐

\*III. Name of Facility

☐

IV. Facility Contact

☐

V. Facility Mailing Address

A. Street or P.O. Box

☐

B. City or Town

☐

C. State

☐

D. Zip Code

☐

VI. Facility Location

\*A. Street, Route Number

☐

B. County Name

☐

\*C. City or Town

☐

\*D. State

☐

E. Zip Code

☐

F. County Code (if known)

☐

VII. SIC Codes (other than Process and Hazardous Waste codes)

☐

VIII. Operator Information

\*A. Name

☐

\*B. Is the name listed in VIII-A also the owner

☐

C. Status of operator

☐

D. Phone

☐

\*E. Street or P.O. Box

☐

\*F. City or Town

☐

\*G. State

☐

H. Zip Code

☐

I.D.# \_\_\_\_\_

Reviewer's Initial \_\_\_\_\_

IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☐

XII. Nature of Business

☐

XIII. Certification

A. \*1. Name

☐

2. Official Title

☐

\*B. Signature

☐

\*C. Date Signed

☐

Comments:

\*Form 1 is missing

☐

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER

CHECK IF ITEM  
MISSING

II. First Application

\*1. Existing Facility Date (on or before  
November 19, 1980)

☐

OR

\*2. New Facility Date (after November 19, 1980)

☐

III. Processes

\*A. Process Code

☐

\*B. Process Design Capacity-Amount

\*1. Amount

☐

\*2. Unit of Measure

☐

IV. Description of Hazardous Wastes

\*A. EPA Hazardous Waste Number

☐

\*B. Estimated Annual Quantity

☐

\*C. Unit of Measure

☐

\*D. Processes

\*1. Process Codes

☐

\*2. Process Description (If no code is shown)

☐

V. Facility Drawing

☐

VI. Photographs

☐

VII. Facility Geographic Location Latitude

Latitude

☐

Longitude

☐

I.D.#

Reviewer's Initial

CHECK IF ITEM  
MISSING

VIII. Facility Owner

- \*1. Name of Facility's Legal Owner
- 2. Phone
- \*3. Street or P.O. Box
- \*4. City or Town
- \*5. State
- 6. Zip Code


IX. Owner Certification

- \*A. Name
- \*B. Signature
- \*C. Date Signed


X. Operator Certification

- \*A. Name
- \*B. Signature
- \*C. Date


Comments:

\*Form 3 is missing

--

I.D.# \_\_\_\_\_

Reviewer's Initial \_\_\_\_\_

4471800/2213

Inst Name Smith-Douglas Borden 748  
Chem. Du.

LD0054688 2 PHASE ONE

Item	Indicator	Yes	No	Date
1. T/S/D Facility? (If No, return to respondent)	DB			
2. Form 2 received?	DB			
3. Form 3 received?	DB			
1 & 2. Postmarked on or before November 19, 1980?	DB			
3. Date of operation entered?	DB			
3. Date of operation on or before November 19, 1980?	DB			
Notified?	S.T.	<del>Yes</del>	<del>No</del>	
Notified on or before August 18, 1980?	S.T.	<del>Yes</del>	<del>No</del>	
1. Form 1, XIII B signed?	DB			
3. Form 3, IX B signed?	DB			

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: \_\_\_\_\_)

PHASE TWO

1. Unsure if regulated or non-regulated? \_\_\_\_\_

3. New facility? \_\_\_\_\_

1 & 3. Core items missing? If Yes, indicate which items:  
Facility name\_\_\_\_; location\_\_\_\_; mail address\_\_\_\_; operator info\_\_\_\_;  
certification\_\_\_\_; process info\_\_\_\_; waste info\_\_\_\_; owner\_\_\_\_; sigs\_\_\_\_.

PHASE THREE

1 & 3. Non-core items missing? If Yes, indicate which items:  
Maps\_\_\_\_; photos\_\_\_\_; drawings\_\_\_\_; Yot/long\_\_\_\_.

Other observations and comments:

Received Date Stamp

CAPD 5th COLUMN 55 DRAWING INDICATOR

CARD PG COLUMN BD MAP INDICATOR

CARD F2 COLUMN 66 PCRA MODIFY CONSTRUCT

CARD F2 COLUMN 70 RCFA NON-REGULATED

CARD #8 COLUMN 56 PHOTOGRAPH# INDICATOR

CARD 59 COLUMN 51 NATURE OF BUSINESS

CARD 72 COLUMN 69 PCRA COMMERCIAL.

2/09/82

HMDNS MASTER FAC

REGION: 05

STATE: IL

✓ ILD0005468822 ✓ BORDEN CHEME

EXISTANCE DATE: 1/01/70

201 KEYES AVE  
HAMPSHIRE

312/6837

COUNTY: KANE ✓

✓ 089

DISTRICT:

BASIN

FACILITY STATUS: 1 MODIFY/CONSTRUCT: COMMERCIAL: NON-REGULATED:

MAILING ADDRESS  
KUNFAHL DALE PLANT MGR  
P O BOX 396  
HAMPSHIRE

OWNER ADDRESS  
BORDEN INC  
180 EAST BROAD STREET  
COLUMBUS  
IL 60140  
614/225-4000

#### INDICATORS

#### NOTIFICATION DATA

CONFIDENTIALITY NOTIF : 0  
CONFIDENTIALITY PART A : 0  
NATURE BUSINESS IND : A ✓  
MAP STATUS IND : A 0  
DRAWING STATUS IND : A  
PHOTO STATUS IND : A  
INDIAN LAND IND : N  
OWNER/OPERATOR IND : Y 0

PERMIT STATUS:  
NOTIFICATION RECEIVED: 8/18  
NOTIFICATION ACKNOWLEDGED: 9/28  
PART A RECEIVED: 11/19  
(1) PART A ACKNOWLEDGED: 99/99  
(2) PART A ACKNOWLEDGED:

#### SIC CODES

#### TRANSPORTATION

✓ 2048

#### WASTE DESCF

WASTE CODE: P006 ESTIMATED AMOUNT:  
WASTE CODE: D008 ESTIMATED AMOUNT:

NT PROCESSES:  
✓ 2.240 NT PROCESSES:

COMMEN

CAL SMITH-DOUGLASS DIV

LAST UPDATE: 9/28/81

IL 60140  
2288

CLOSURE DATE:

LATITUDE: 420505.0 LONGITUDE: 0883105.0

OWNER TYPE: P FACILITY TYPE: GEN TSDF

✓ OPERATOR ADDRESS  
BORDEN INC  
180 EAST BROAD STREET  
OH 43215 COLUMBUS

OH 43215

614/225-4000

PERMITS

DESIGN CAPACITY

	TYPE	NUMBER	PROCESS	AMOUNT	UNIT
1/80 ✓					
1/81			✓ S01	11880,000	G
1/80 ✓					
1/99					

RIPTION

S01

ITS

~~OWNER/OPERATOR~~  
PERMITS (4)  
~~ATTN~~



## II. POLLUTANT CHARACTERISTICS

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2A)		X		B. Does or will this facility ( <i>either existing or proposed</i> ) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility ( <i>other than those described in A or B above</i> ) which will result in a <b>discharge to waters of the U.S.</b> ? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an <b>attainment area</b> ? (FORM 5)		X		J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an <b>attainment area</b> ? (FORM 5)		X	
	40	41	42		43	44	45

1	SKIP	S M I T H - D O U G L A S S   B O R D E N   C H E M I C A L   D I V.
---	------	--

A. NAME & TITLE (last, first, & title)										B. PHONE (area code & no.)																							
C																																	
2	K	U	H	F	A	H	L	, D	A	L	E	P	L	A	N	T	M	A	N	A	G	E	R	3	1	2	6	8	3	2	2	8	8

A. STREET OR P.O. BOX			
C	P. O. BOX 396		
19	16	45	
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	HAMPSHIRE	IL	60140
4		41 42	43 44

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER														
C	5 201 KEYES AVENUE													
18 18 48														
B. COUNTY NAME														
KANE														
46 70														
C. CITY OR TOWN														
C	6 HAMPSHIRE													
15 15 40														
D. STATE										E. ZIP CODE			F. COUNTY CODE (if known)	
ILL										60140				
41 42 47 48										51			52 54	



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
2 0 4 8 (specify) PREPARED FEEDS & FEED INGREDIENTS FOR ANIMALS				7 (specify)			
C. THIRD				D. FOURTH			
7 (specify)				7 (specify)			

## VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
B O R D E N I N C												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)			
F - FEDERAL M - PUBLIC (other than federal or state) S - STATE O - OTHER (specify) P										6 1 4 2 2 5 4 0 0 0			
E. STREET OR P.O. BOX													
1 8 0 E A S T B R O A D S T R E E T													
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND			
C O I U M B I U S						O H		4 3 2 1 5		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)																			
9 N										9 P																			
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)																			
9 U										9										(specify) ILL. PERMITS 03020353 BOILER 03020352 BULK UNLOADING									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)																			
9 R										9										(specify) 03020355 PET/VET 03020356 ROLL DRYER									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Produces by mixing and drying, animal feed supplements, animal food additives and animal dietary additives for domestic and international distribution.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Robert W. Gutheil, President Borden Chemical				11/17/80	

## COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--



FORM <b>3</b> RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA ID NUMBER	
			S	T/A C
			F 1LD005468822	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)
71	71
C YR. MO. DAY 8 7 0 0 1 0 1	C YR. MO. DAY 73 74 75 76 77 78
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
72	72

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
GALLONS.....G		LITERS PER DAY.....V	ACRE-FEET.....A		
LITERS.....L		TONS PER HOUR.....D	HECTARE-METER.....F		
CUBIC YARDS.....Y		METRIC TONS PER HOUR.....W	ACRES.....B		
CUBIC METERS.....C		GALLONS PER HOUR.....E	HECTARES.....Q		
GALLONS PER DAY.....U		LITERS PER HOUR.....H			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

5	C										DUP										T/A C										1										
1	2											13	14	15											16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY																
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)												1. AMOUNT	2. UNIT OF MEA- SURE (enter code)																									
X-1	S 0 2	600										G	5																												
X-2	T 0 3	20										E	6																												
1	S 0 1	11,880										G	7																												
2													8																												
3													9																												
4													10																												

**III. PROCESSES** (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<b>ENGLISH UNIT OF MEASURE</b>	<b>CODE</b>	<b>METRIC UNIT OF MEASURE</b>	<b>CODE</b>
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



Continued from page 2.

NOTE: Photocopy this page before completing it.

have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
<div style="display: flex; justify-content: space-between;"> <span>W 1</span> <span>T/A C 1</span> </div>													<div style="display: flex; justify-content: space-between;"> <span>W 2</span> <span>T/A C 2</span> </div>													
<div style="display: flex; justify-content: space-between;"> <span>13 14 15</span> <span>16 17 18</span> </div>													<div style="display: flex; justify-content: space-between;"> <span>19 20 21</span> <span>22 23 24</span> </div>													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
W 20 JZ	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES																						
				1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	
1	D 0 0 0	4,940	P									S	0	1												
2	D 0 0 8																									INCLUDED WITH ABOVE
3	P 0 0 6																									INCLUDED WITH ABOVE
4																										
5																										
6																										
7																										
8																										
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25																										
26																										

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

[illegible]

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

## LATITUDE (degrees, minutes, &amp; seconds)

4	2	0	5	0	5	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, &amp; seconds)

0	8	8	3	1	0	5	0
72	-	74	78	76	72	-	74

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

**BORDEN, INC.**

6	1	4	-2	2	5	-	4	0	0	0
---	---	---	----	---	---	---	---	---	---	---

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	180 EAST BROAD ST.
F	

C	
G	COLUMBUS

О	Н
---	---

4	3	2	1	5
---	---	---	---	---

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME (print or type)  
Robert W. Gutheil, President  
Borden Chemical

**B. SIGNATURE**

C. DATE SIGNED

11/17/80

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**A. NAME** (*print or type*)

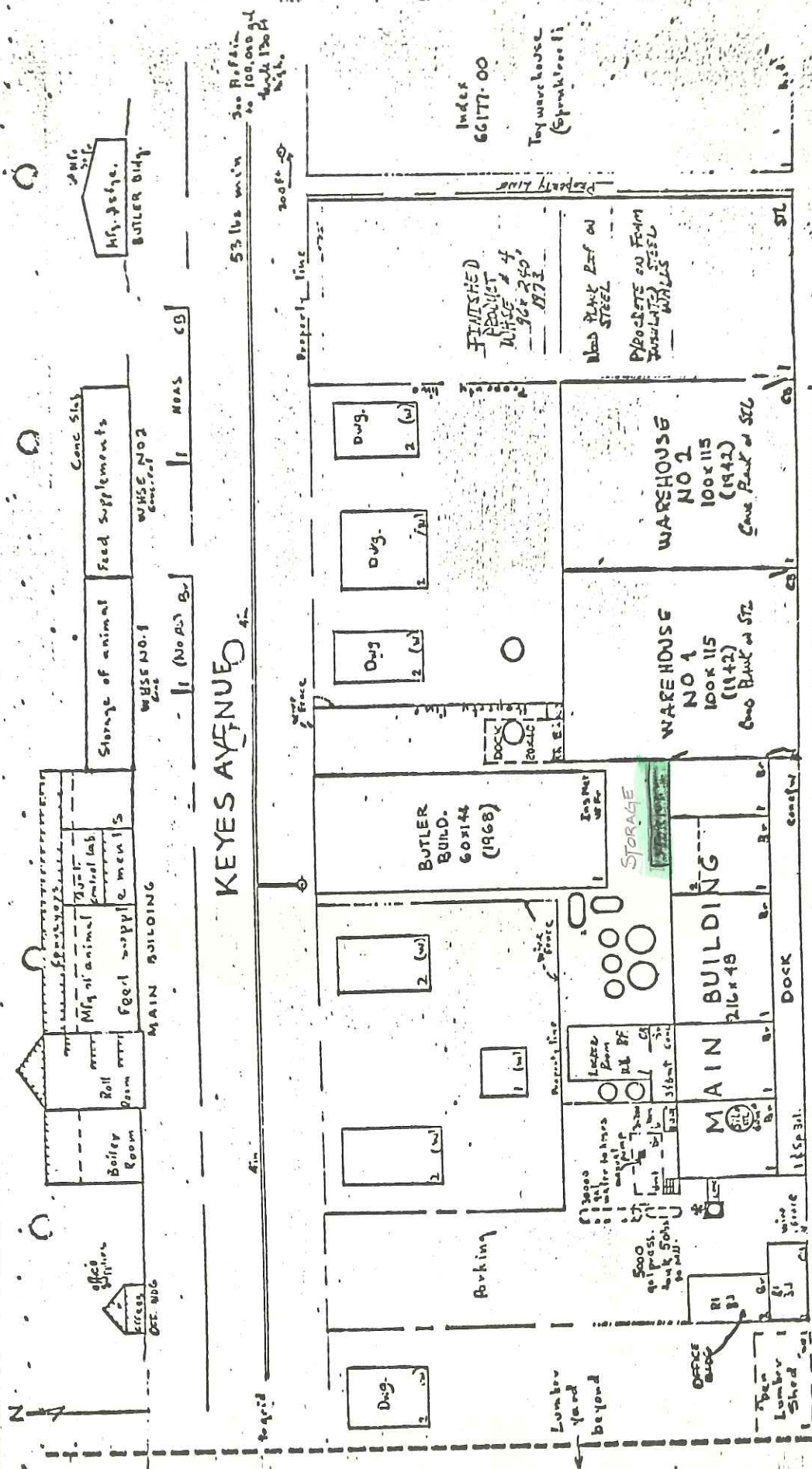
DALE E. KUHFAHL,  
Plant Manager

B. SIGNATURE

C. DATE SIGNED \_\_\_\_\_

November 3, 1980





BORDEN CO.

0  
1  
2  
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4  
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9

[illegible]

## Latent Muted System

V. FACILITY DRAWING (see page 4)

748



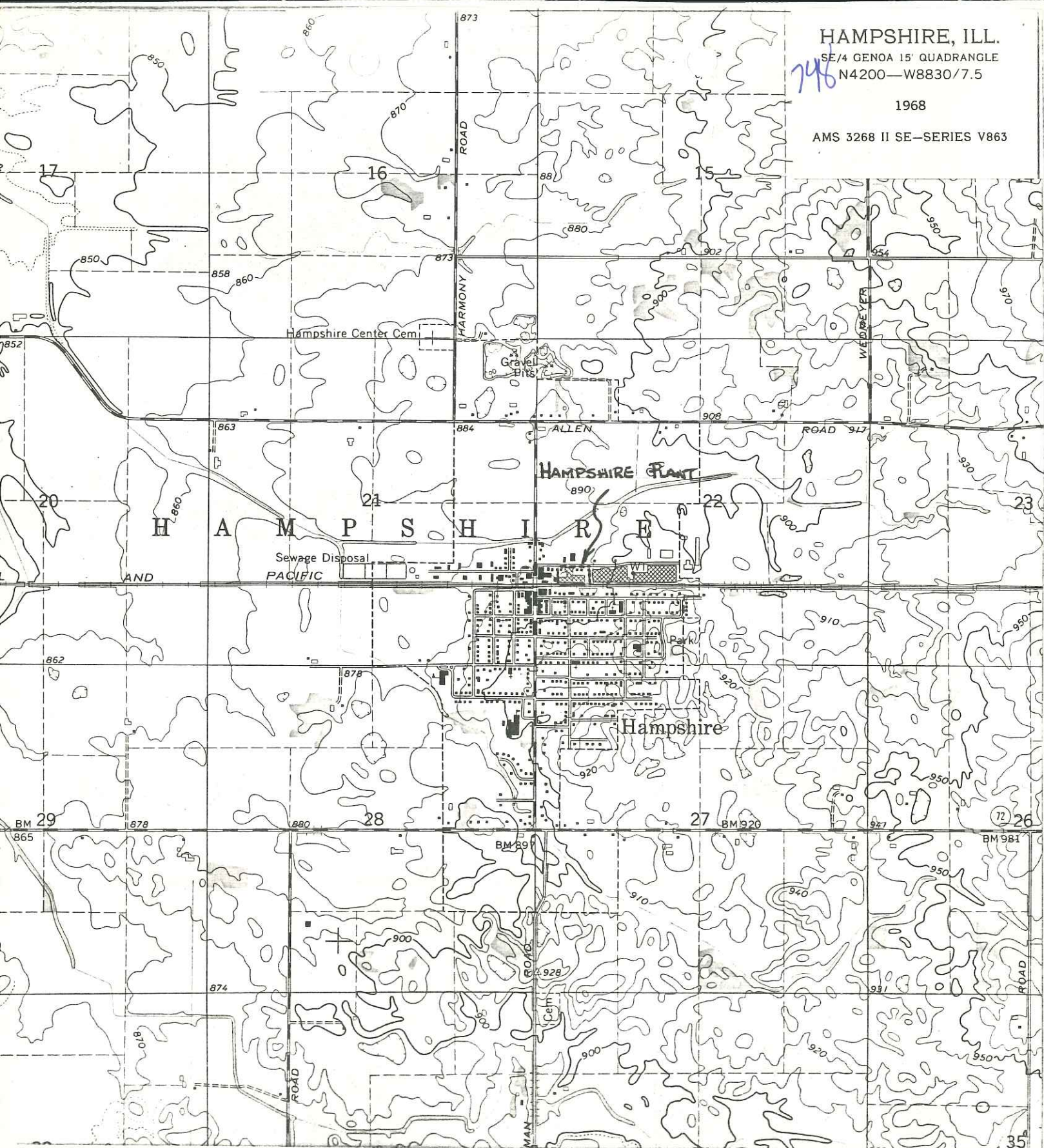
# HAMPSHIRE, ILL.

SE/4 GENOA 15' QUADRANGLE

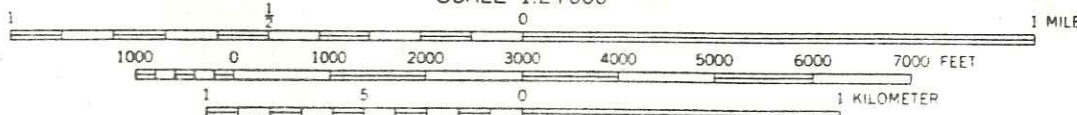
N4200—W8830/7.5

1968

AMS 3268 II SE—SERIES V863



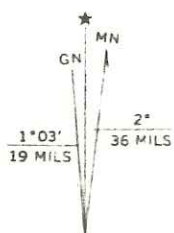
SCALE 1:24 000



CONTOUR INTERVAL 10 FEET

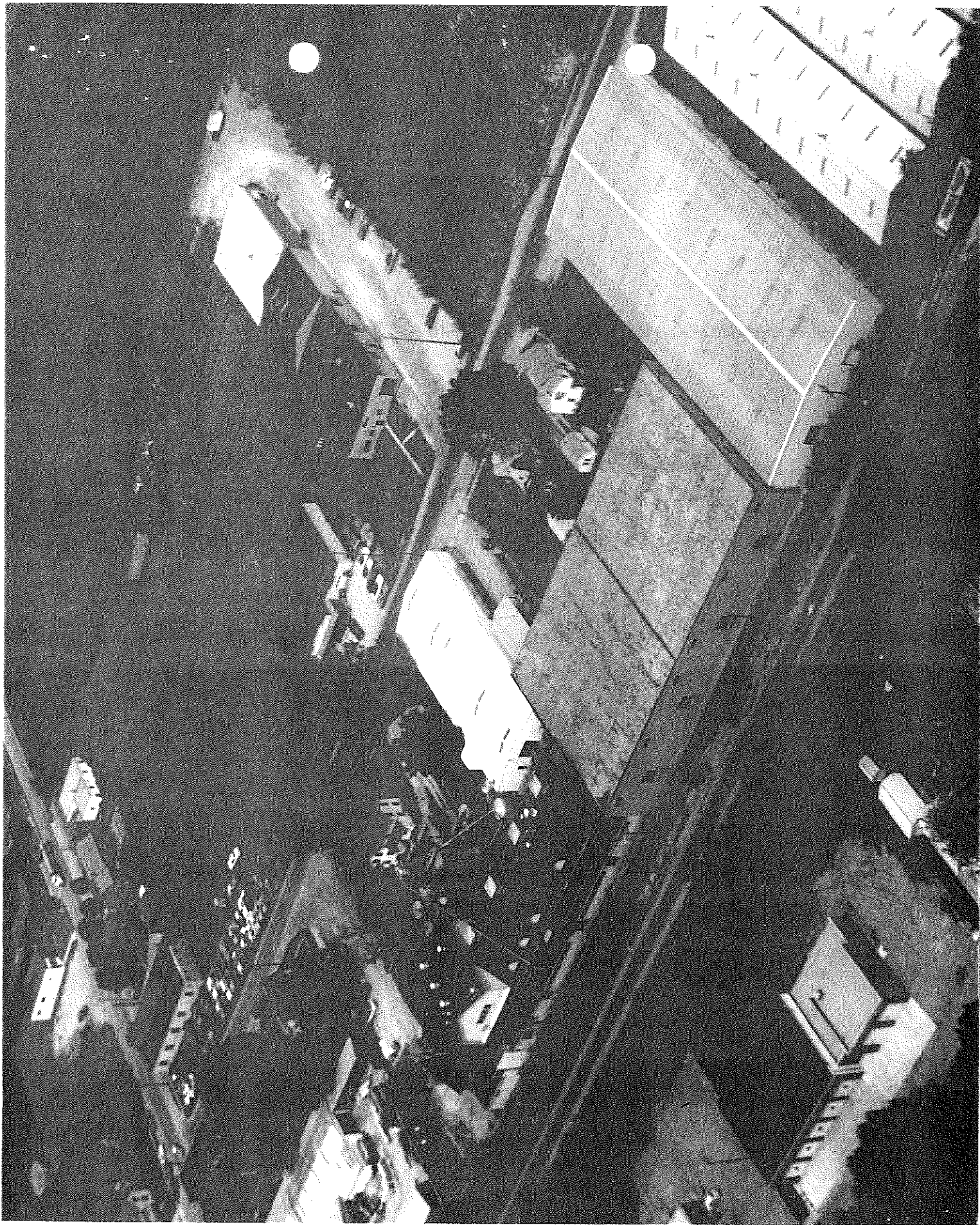
DOTTED LINES REPRESENT 5 FOOT CONTOURS

DATUM IS MEAN SEA LEVEL



UTM GRID AND 1968 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET





GENERAL LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
I. EPA I.D. NUMBER			
III. FACILITY NAME			
V. FACILITY MAILING ADDRESS			
VI. FACILITY LOCATION			

II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1 SKIP	BORDEN CHEMICAL SM HH-DOUGLASS DIV
15 16 - 20	ILD 005468822

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2 KUHFAHL, DALE	PLANT MANAGER
B. PHONE (area code & no.)	
3 12	683 2288

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3 P. O. BOX 396	
B. CITY OR TOWN	
4 HAMPSHIRE	
C. STATE	D. ZIP CODE
IL	60140

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5 201 KEYES AVE	
B. COUNTY NAME	
KANE	
C. CITY OR TOWN	D. STATE E. ZIP CODE F. COUNTY CODE (if known)
6 HAMPSHIRE	IL 60140 089



Please print or type in the unshaded areas only  
(Fill-in areas are spaced for elite type, i.e., 12 characters/inch).

HAMPSHIRE

FC

00475

<b>FORM 1</b> <b>GENERAL</b>		<b>EPA</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		748		1LD005468828		I.E. F. 1 2		A.C. D. 14 15	
<b>LABEL ITEMS</b>		<b>GENERAL INSTRUCTIONS</b>											
<b>I. EPA I.D. NUMBER</b>		<b>PLEASE PLACE LABEL IN THIS SPACE</b>										<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
<b>III. FACILITY NAME</b>													
<b>V. FACILITY MAILING ADDRESS</b>													
<b>VI. FACILITY LOCATION</b>													

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 SKIP SMITH-DOUGLASS BORDEN CHEMICAL DIV.

**IV. FACILITY CONTACT**

<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>		<b>B. PHONE (area code &amp; no.)</b>	
2 KUHFAHL, DALE	PLANT MANAGER	3 1 2	6 8 3 2 2 8 8

**V. FACILITY MAILING ADDRESS**

<b>A. STREET OR P.O. BOX</b>	
3 P. O. BOX 396	
<b>B. CITY OR TOWN</b>	<b>C. STATE</b> <b>D. ZIP CODE</b>
4 HAMPSHIRE	IL 60140

**VI. FACILITY LOCATION**

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>		<b>D. STATE</b>	<b>E. ZIP CODE</b>	<b>F. COUNTY CODE</b>
5 201 KEYES AVENUE		I	60140	089
<b>B. COUNTY NAME</b>				
KANE		<b>C. CITY OR TOWN</b>	<b>D. STATE</b>	<b>E. ZIP CODE</b>
HAMPSHIRE				

NOV 10 1980

CONTINUED FROM THE FRONT

## II. SIC CODES (4-digit, in order of priority)

A. FIRST				SECOND			
2	0	4	8	(specify) PREPARED FEEDS & FEED INGREDIENTS FOR ANIMALS			
C. THIRD				D. FOURTH			
(specify)				(specify)			

## III. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
BORDEN, INC.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "OTHER" (specify))		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify) <b>P</b>	6 1 4 2 2 5 4 0 0 0	

E. STREET OR P.O. BOX		F. CITY OR TOWN		G. STATE & ZIP CODE		IX. INDIAN LAND	
180 EAST BROAD STREET		COLUMBUS		OH 43215		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Source)		(specify) ILL. PERMITS 03020353 BOILER 03020352 BULK UNLOADING
9 N		9 P		
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)		(specify) 03020355 PET/VET 03020356 ROLL DRYER
9 U		9 Z		
C. RCRA (Hazardous Wastes)		E. OTHER (specify)		
9 R		9 Z		

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Produces by mixing and drying, animal feed supplements, animal food additives and animal dietary additives for domestic and international distribution.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Robert W. Gutheil, President Borden Chemical	<i>Robert W. Gutheil</i>	11/17/80

## COMMENTS FOR OFFICIAL USE ONLY

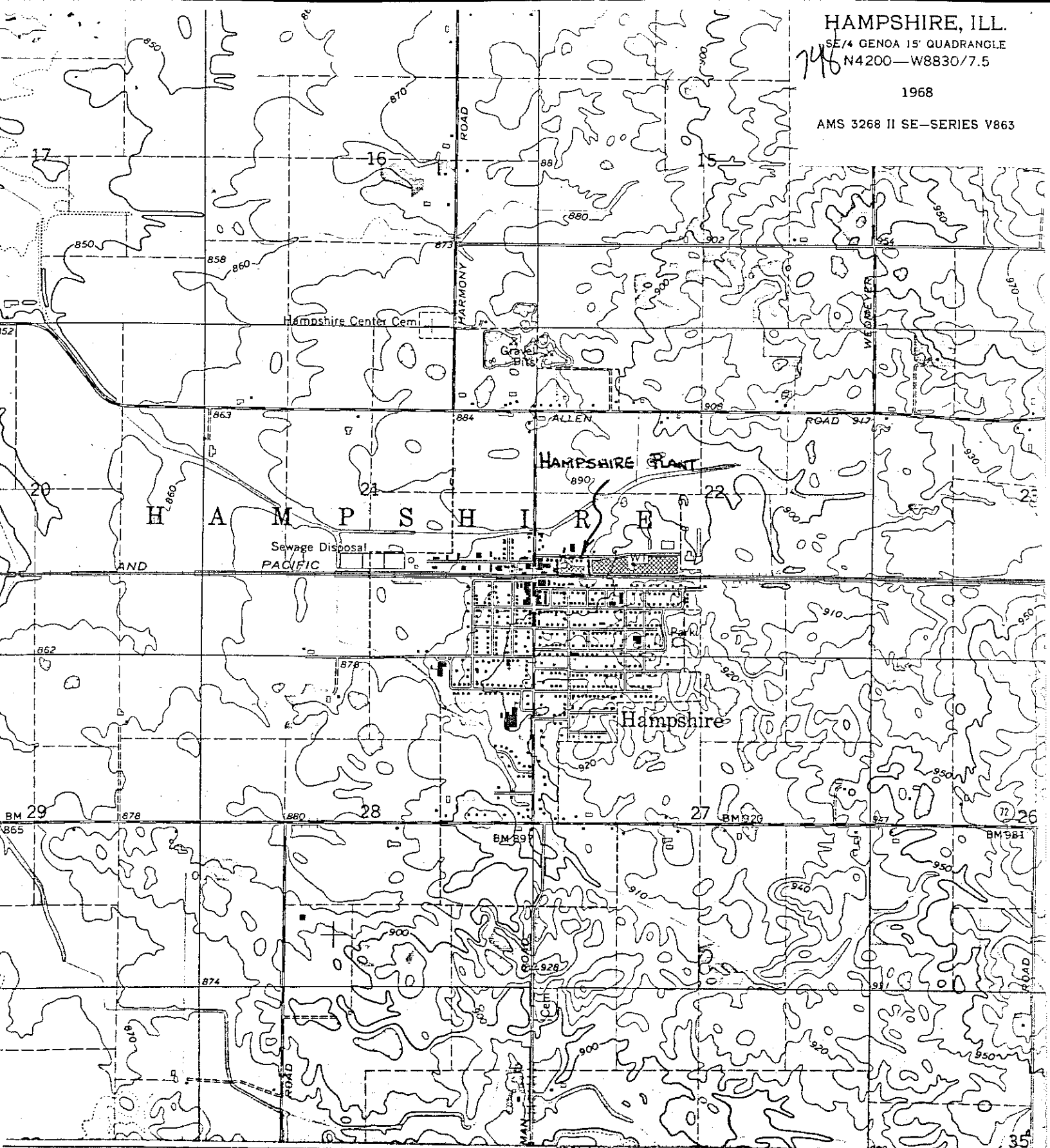
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HAMPSHIRE, ILL.

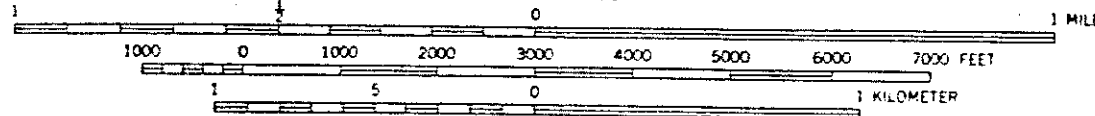
SE/4 GENOA 15' QUADRANGLE  
N4200—W8830/7.5

1968

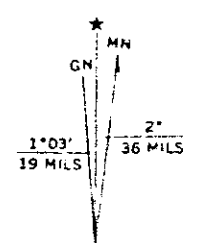
AMS 3268 II SE—SERIES V863



SCALE 1:24 000



CONTOUR INTERVAL 10 FEET  
DOTTED LINES REPRESENT 5 FOOT CONTOURS  
DATUM IS MEAN SEA LEVEL



UTM GRID AND 1968 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET



FORM <b>3</b> RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA ID NUMBER											
			S 1 L D 0 0 5 4 6 8 8 2 2 T/A C 1											
			1 2 3 4 5 6 7 8 9 10 11 12											

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
23	24 25 26 27 28 29	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

<b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date)		<input type="checkbox"/> <b>2. NEW FACILITY</b> (Complete item below.)	
<input checked="" type="checkbox"/> <b>1. EXISTING FACILITY</b> (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/>	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C 8	YR. 7 10 MO. 01 DAY 01	C 71	YR. MO. DAY
15 73 74	75 76 77 78	15 73 74	75 76 77 78

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

- 1. AMOUNT** - Enter the amount.
- 2. UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE		UNIT OF MEASURE CODE	UNIT OF MEASURE CODE		UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C												T/A	C	1																
1 2	D U P												13 14 15																		
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY														
		1. AMOUNT (specify)			2. UNIT OF MEASURE (enter code)						1. AMOUNT			2. UNIT OF MEASURE (enter code)																	
X-1	S 0 2	600			G				5																						
X-2	T 0 3	20			E				6																						
1	S 0 1	11,880			G				7																						
2									8																						
3									9																						
4									10																						
16 - 18 19													27	28	29 - 32	16 - 18 19													27	28	29 - 32



## II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OF  
INCLUDE DESIGN CAPACITY.

R DESCRIBING OTHER PROCESSES (code "T04")

FOR EACH PROCESS ENTER

## V. DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describe the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on a basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure account the appropriate density or specific gravity of the waste.

### D. PROCESSES

#### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes: 400 pounds per year of chrome shavings, 100 pounds per year of chrome shavings, and 200 pounds per year of chrome shavings. The other waste is corrosive and ignitable and there are 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered)
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with X-2

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)															
S												T/A	C		
F													6		
1	2											13	14	15	

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	2		0	5		0	5	0	OK	0	8	8	3	1		0	5	0	OK
65	66		67	68		69	70	71		72	73	74	75	76		77	78	79	

## VIII. FACILITY OWNER

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																			
BORDEN, INC.															614-225-4000																			
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.					6. ZIP CODE				
180 EAST BROAD ST.															COLUMBUS										OH					43215				


## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<p>A. NAME (print or type)</p> <p>Robert W. Gutheil, President Borden Chemical</p>	<p>B. SIGNATURE</p> 	<p>C. DATE SIGNED</p> <p>11/17/80</p>
--	--	---------------------------------------

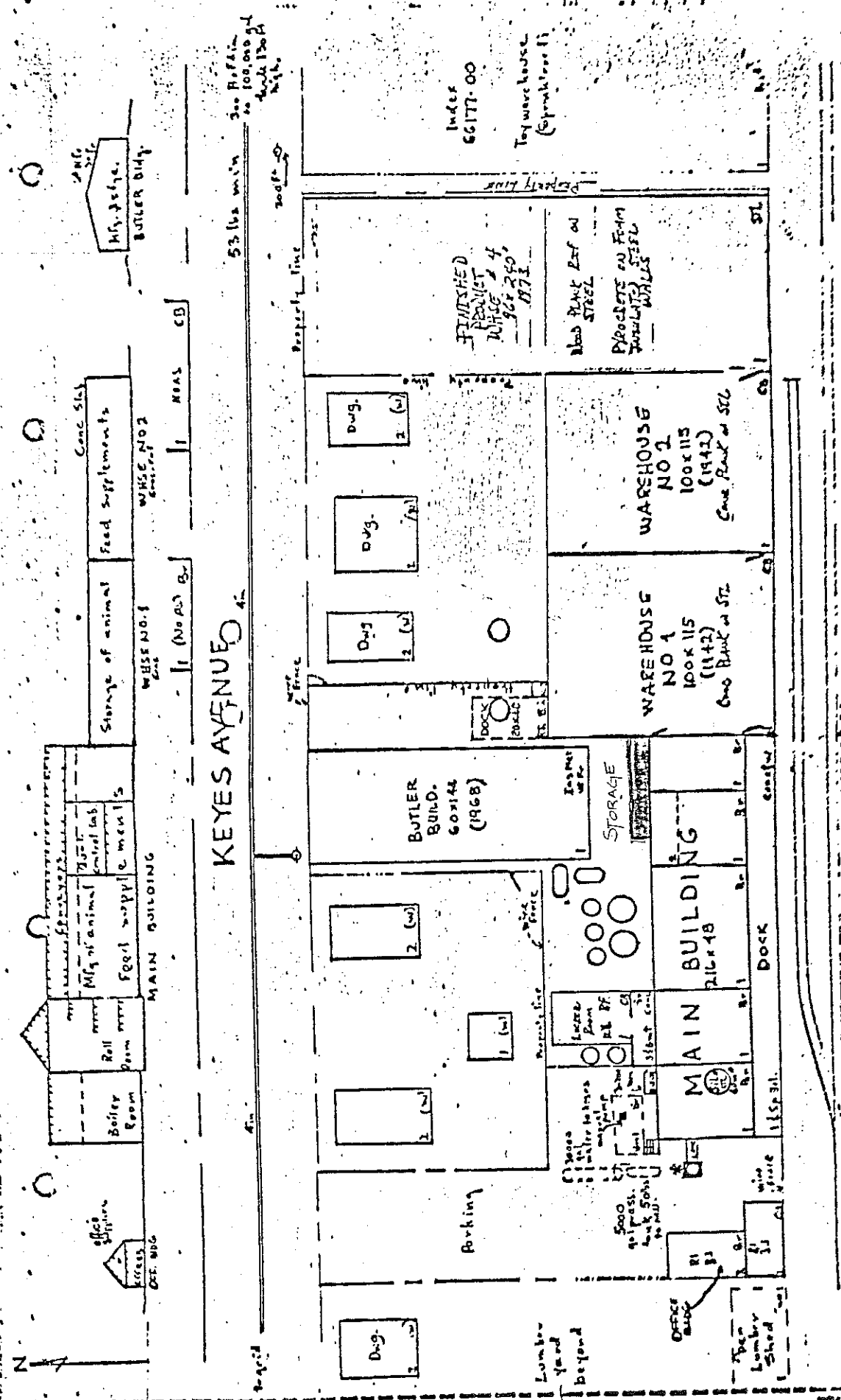
## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

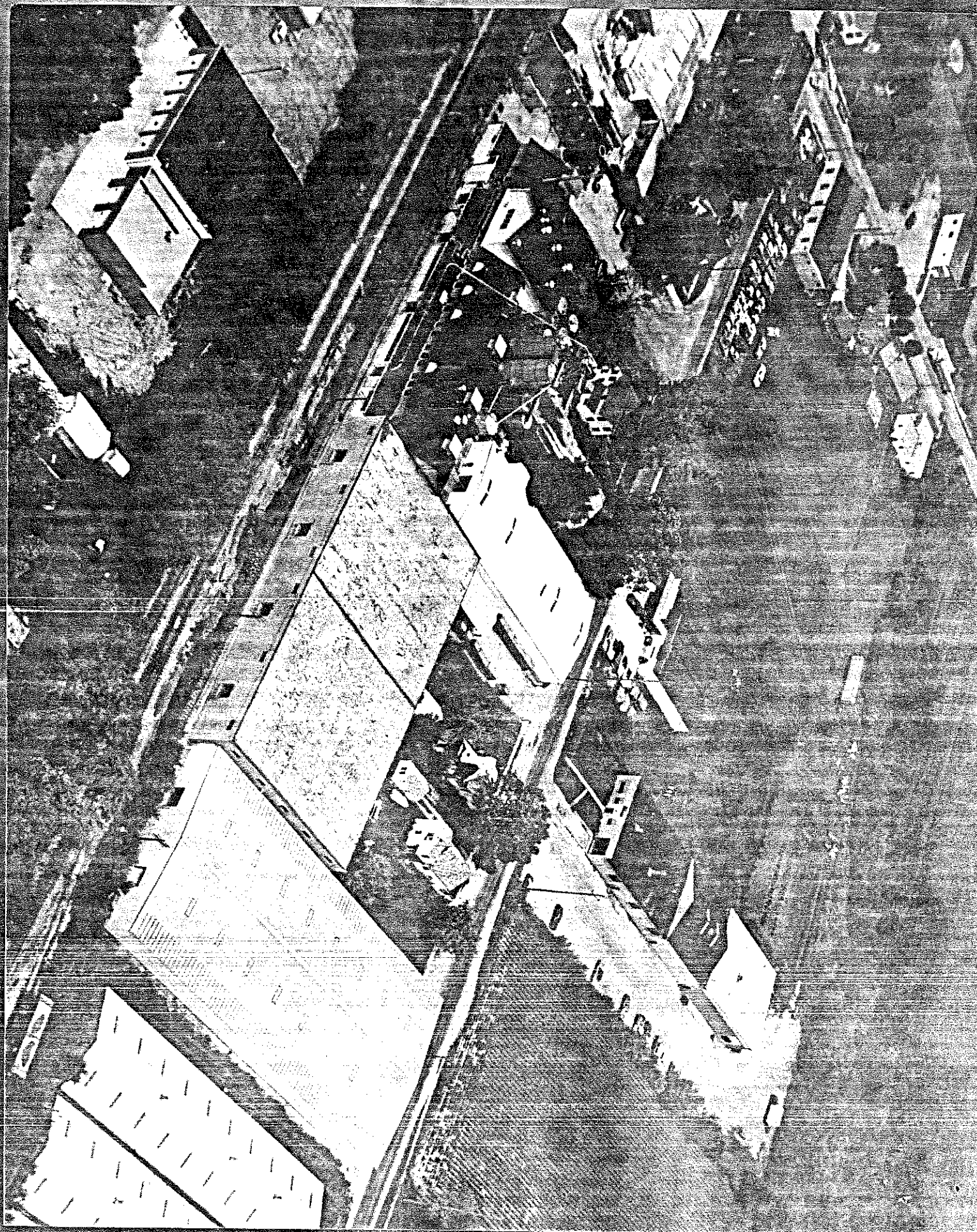
A. NAME (print or type) DALE E. KUHFAHL, Plant Manager	B. SIGNATURE 	C. DATE SIGNED November 3, 1980
--	--	------------------------------------



EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ON															
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30															
W 1															W 1 2 DUP 2 DUP															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																														
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																										
				1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))														
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
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Mr. Reg. Victor E. Johnson, Jr., Inc. 200 N. 1st St., St. Paul, Minn. 55101	Order No. 65177-H Tr. No. 7020H-239
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## GENERAL

## LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

## III. NAME OF FACILITY

1 SKIP SMITH-DOUGLASS BORDEN CHEMICAL DIV. 22

## IV. FACILITY CONTACT

A. NAME &amp; TITLE (last, first, &amp; title)

B. PHONE (area code &amp; no.)

2 KUHFAHL, DALE PLANT MANAGER 312 683 2288

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P.O. BOX 396

B. CITY OR TOWN

C. STATE

D. ZIP CODE

4 HAMPSHIRE

IL

60140

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 201 KEYES AVENUE

B. COUNTY NAME

KANE

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

6 HAMPSHIRE

IL

60140

089



**BORDEN INC**

180 EAST BROAD STREET, COLUMBUS, OHIO 43215

RECEIVED

MAY 11 1982

WASTE MANAGEMENT BRANCH  
EPA, REGION V



THOMAS R. HEATON  
ENVIRONMENTAL SPECIALIST  
ENVIRONMENTAL AFFAIRS

May 6, 1982

*Name changed to Borden Inc Consumer Prod Div Pet-Ag  
Re-acked 6-21-82 MGR  
g, TSD, PA*

USEPA Region V  
111 West Jackson Blvd.  
Chicago, IL 60604

Attn: RCRA Activities; Mr. Karl J. Klepitsch, Jr.

Re: Borden Chemical, Smith-Douglass Division,  
Hampshire, Illinois - EPA ID#ILD005468822 *gms*

Dear Mr. Klepitsch:

Borden Inc. is in receipt of your Interim Status Acknowledgment of the referenced facility. This facility has been changed from Borden Chemical, Smith-Douglass Division to Borden Inc., Consumer Products Division, Pet-Ag. Consequently, all future correspondence normally going to Mr. Robert W. Gutheil, President of Borden Chemical, should be sent to W. Bailey Barton, Director of Environmental Affairs.

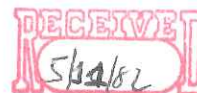
Please make the appropriate changes. If you have any questions, call the undersigned at (614) 225-4860.

Sincerely,

*Thomas R. Heaton*

Thomas R. Heaton

TRH/slw



**BORDEN INC**

180 EAST BROAD STREET, COLUMBUS, OHIO 43215

Contact & Mailing Add. changed  
4-28-82 MGP



THOMAS R. HEATON  
ENVIRONMENTAL SPECIALIST  
ENVIRONMENTAL AFFAIRS

Orig to PA  
copies to notif files

April 13, 1982

USEPA, Region V  
RCRA Activities  
P.O. Box 17861  
Chicago, IL 60680

WASTE MANAGEMENT BRANCH  
RCRA REGION V

Dear Sirs:

Enclosed herewith is a list of the Borden Inc. facilities for which permit applications to treat, store, or dispose of hazardous waste were submitted to your office on November 18, 1980. Directing your attention to the "reverse" side of Form 1, General of these applications, Borden Chemical's owner/operator representative, Mr. Robert W. Gutheil, discharges the direct responsibility for environmental concerns to Borden's Director of Corporate Environmental Affairs.

Therefore, to avoid any potential for a correspondence from your agency to be misdirected, please send future correspondence which would normally go to the owner/operator representative to:

W. Bailey Barton  
Director, Environmental Affairs  
Borden, Inc.  
180 E. Broad St.  
Columbus, Ohio 43215

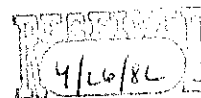
Thank you for your cooperation in this matter.

Sincerely,

Thomas R. Heaton

Thomas R. Heaton

TRH/slw



PERMIT APPLICATION FOR A FACILITY TO  
TREAT, STORE OR DISPOSE OF  
HAZARDOUS WASTES  
PART A, FORMS 1 AND 3

SUBMISSIONS TO US EPA REGION V  
November 18, 1980

FACILITY

CITY

STATE

Smith-Douglass  
Smith-Douglass  
Smith-Douglass  
Borden Chemical, Adhesives &  
Chemicals Div.  
Columbus Coated Fabrics Div.  
Borden Chemical, Printing Ink Div.  
Borden Chemical, Printing Ink Div.  
Borden Chemical, Adhesives &  
Chemicals Div.  
Borden Chemical, Printing Ink Div.  
Borden Chemical, Adhesives &  
Chemicals Div.  
Borden Chemical, Printing Ink Div.  
Borden Chemical, Thermoplastics Div.  
Borden Chemical, Printing Ink Div.

Streator  
Hampshire  
Saginaw  
Sheboygan  
  
Columbus  
Menasha  
Whitehouse  
Cicero  
  
Portage  
Delaware  
  
St. Charles  
Illioopolis  
Woodlawn

IL 12D003178175  
IL 12D005468822  
MI 12D0068824655  
WI 12D023540263  
OH 04D004294351  
WI 12D099139933  
OH 04D005043740  
IL 12D074367434  
MI 12D092950195  
OH 04D004297834  
IL 12D064017940  
IL 12D005158548  
OH 04D0068932011

**BORDEN INC**

180 EAST BROAD STREET, COLUMBUS, OHIO 43215



July 15, 1982

**THOMAS R. HEATON**  
ENVIRONMENTAL SPECIALIST  
ENVIRONMENTAL AFFAIRS

USEPA Region V  
111 West Jackson Blvd.  
Chicago, IL 60604

Attn: 5HW-TV8

Re: Hazardous Waste Sudden Accidental Liability Insurance

Dear Sirs:

Borden Inc. submits certificates of liability insurance  
for sudden accidental occurrences for the following facilities:

Borden Chemical, Woodlawn, OH	OHD068932011
Borden Chemical, Whitehouse, OH	OHD005043740
Borden Chemical, Delaware, OH	OHD004297834
Columbus Coated Fabrics, Cols. OH	OHD004294351
Borden Chem., St. Charles, IL	ILD064017940
Borden Chem., Illiopolis, IL	ILD005158548
Borden Chem., Cicero, IL	ILD074367434
Pet-Ag Div., Borden Inc., Hampshire, IL	ILD005468822
Borden Chem., Portage, MI	MID092950195

If you have any questions, please call the undersigned  
at (614) 225-4860.

Sincerely,

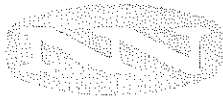
*Thomas R. Heaton*

Thomas R. Heaton

TRH/slw

Encl.

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED



# **NORTHWESTERN NATIONAL INSURANCE COMPANY**

OF MILWAUKEE, WISCONSIN

HOME OFFICE: 731 NORTH JACKSON STREET / P. O. BOX 2070 / MILWAUKEE, WISCONSIN 53201 / PHONE (414) 765-8444

## **CERTIFICATE OF INSURANCE**

The Northwestern National Insurance Company, of Milwaukee, Wisconsin, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Borden Inc., and its subsidiaries, of 180 E. Broad Street, Columbus, Ohio, in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR264.147 or 265.147. This coverage applies at, those locations listed in the attached schedule for "sudden accidental occurrences". The limits of liability are \$1,000,000.00 for each occurrence and \$2,000,000.00 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number CLA234135. The effective date of said policy is July 1, 1982.

The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy of insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. The provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR264.147(f) of 265.147 (f).

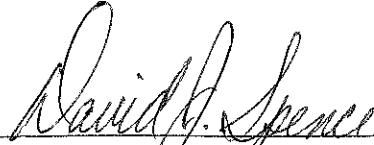
(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) in of the EPA Region(s) in which the facility (ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.



I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

A handwritten signature in cursive script, reading "David J. Spence", written over a horizontal line.

David J. Spence  
Staff Assistant  
Authorized Representative of  
Northwestern National Insurance  
731 North Jackson Street  
Milwaukee, WI, 53201

SCHEDULE OF LOCATIONS

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
470 South 2nd Street  
Springfield, OR 97477  
ID# ORD076412444

Consumer Products Div.  
Borden, Inc.  
9-11 Johnson St.  
Bainbridge, NY 13733  
ID# NYD002234813

Krylon Department  
Borden, Inc.  
P.O. Box 390  
Norristown, PA 19404  
ID# PAD001865906

Borden Chemical  
Printing Inks Division  
Borden, Inc.  
630 Glendale-Milford Rd.  
Cincinnati, OH 45215  
ID# OHD068932011

Borden Chemical  
Petrochemical Division  
Borden, Inc.  
P.O. Box 427  
Geismar, LA 70734  
ID# LAD003913449

Fabric Leather Division  
Borden, Inc.  
40 Garvies Point Rd.  
Glen Cove, NY 11542  
ID# NYD008918450

Vernon Plastics Division  
Borden, Inc.  
Shelly Road-Ward Hill  
Haverhill, MA 01830  
ID# MAD001381912

Borden Chemical  
Thermoplastics Division  
Borden, Inc.  
P.O. Box 27  
Illioopolis, IL 62539  
ID# ILD005158548

Borden Chemical  
Printing Ink Division  
6725 Gilead St.  
Whitehouse, OH 43571  
ID# OHD 005043740

Borden Chemical  
Printing Ink Division  
Borden Inc.  
5004 N. Combee Rd.  
Lakeland, FL 33801  
ID# FLT130010069

Borden Chemical  
Printing Ink Division  
Borden Inc.  
587 Whitehall St., S.W.  
Atlanta, GA 30303  
ID# GAD075880310

Borden Chemical  
Printing Ink Division  
Borden Inc.  
1711 Osbourne St.  
St. Marys, GA 31558  
ID# GAD070327267

Borden Chemical Printing Ink Divisor  
2445 Production Dr.  
St. Charles, IL 60174  
ID# ILD064017940

Borden Chemical  
Printing Ink Division  
P.O. Box 6  
Odenton, MD 21113  
ID# MDD003075595

Borden Chemical  
Printing Ink Division  
Borden Inc.  
8925 Shaver Rd.  
Portage, MI 49002  
ID# MID 092950195

Borden Chemical  
Printing Ink Division  
8-10 22nd Street  
Fairlawn, NJ 07410  
ID# NJD 001374883

Borden Chemical  
Printing Ink Division  
Borden Inc.  
3221 Randoi Mill Rd.  
Arlington, TX 76011  
ID# TXD046933867

SCHEDULE OF LOCATIONS cont.

Borden Chemical  
Thermoplastics Division  
Borden, Inc.  
511 Lancaster St.  
Leominster, MA 01453  
ID# MAD990886673

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
56 Nostrand Ave.  
Brooklyn, NY 11205  
ID# NYD012497335

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
1829 S. 54th Ave.  
Cicero, IL 60650  
ID# ILD074367434

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
400 Park Ave. Delaware, OH 43015  
ID# OHD004297834

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
Drawer 40  
Demopolis, AL 36732  
ID# ALD031569940

Borden Chemical/Adhesives  
and Chemical  
Borden, Inc.  
100 West Borden Drive  
Diboll, TX 75941  
ID# TXD001865609

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
41100 Boyce Rd.  
Fremont, CA 94538  
ID# CAD086167384

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
P.O. Box 410  
Fayetteville, NC 28302  
ID# NCD003189024

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
P.O. Box 428  
Kent, WA 98031  
ID# WAD052581568

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
P.O. Box 1028  
LaGrande, OR 97850  
ID# ORD003938628

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc. 6455 E. Canning St.  
Los Angeles, CA 90040  
ID# CAD009536194

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
1021 Industrial Park Dr.  
Marietta, GA 30062  
ID# GAD042104232

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
930 Lincoln Blvd.  
Middlesex, NJ 08846  
ID# NJD002170439

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
3670 Grant Creek Road  
Missoula, MT 59801  
ID# MTD053041927

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
P.O. Box 847  
Sheboygan, WI 53081  
ID# WID023540263

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
6200 Campground Rd.  
Louisville, KY 40216  
ID# KYD055832091

SCHEDULE OF LOCATIONS cont.

Borden Chemical  
Printing Ink Division  
T.C. Industrial Park  
Depew, N.Y. 14043  
ID# NYD013705587

Borden Chemical  
Printing Ink Division  
Borden Inc.  
1100 Vail Ave.  
Montebello, CA 90640  
ID# CAD990662546

Borden Chemical  
Printing Ink Division  
Borden Inc.  
1185 Research Blvd.  
St. Louis, MO 63132  
ID# MOD000823211

Columbus Coated Fabrics Division  
Borden Inc.  
1280 North Grant Avenue  
Columbus, Ohio 43216  
ID# OHD004294351



*new*

**BORDEN INC**

180 EAST BROAD STREET, COLUMBUS, OHIO 43215



**THOMAS R. HEATON**  
ENVIRONMENTAL SPECIALIST  
ENVIRONMENTAL AFFAIRS

December 16, 1982

**RECEIVED**

DEC 20 1982

WASTE MANAGEMENT BRANCH  
EPA, REGION V

Illinois EPA  
2200 Churchill Rd.  
Springfield, Illinois 62706

Attn: Ms. Rama K. Chaturverdi, P.E.

Re: Borden Inc., Pet-Ag Division, Hampshire, IL  
EPA ID#ILD005468822 (RCRA Generator/T-S-D Status)

*G.T.S.D. PA*  
Dear Mr. Chaturverdi:

On November 17, 1980, Borden Inc. submitted to USEPA a RCRA Part A permit application for drum storage of hazardous waste at the referenced facility. Since that submittal, Borden has stored no hazardous waste at this location; furthermore, no hazardous waste has been generated at Hampshire.

Consequently, Borden requests withdrawal of the Treater/Storer/Disposer (TSD) interim status for this facility. Borden does wish to maintain the Generator status and I.D. number.

If you have any questions, please call the undersigned at (614) 225-4860. Please notify Borden in writing of your acknowledgement of the withdrawal.

Sincerely,

*Thomas R. Heaton*

Thomas R. Heaton

TRH/slw

cc: USEPA, Region V  
111 West Jackson Blvd.  
Chicago, IL 60604  
Attn: Mr. Karl J. Klepitsch, Jr.

**RECEIVED**  
12/21/82



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

JUN 23 1983

REPLY TO ATTENTION OF:  
5HW-13

Thomas R. Heaton, Environmental Specialist  
Environmental Affairs  
Borden Incorporated  
180 East Broad Street  
Columbus, Ohio, 43215

RE: Permit Application Withdrawal Letter  
FACILITY NAME: Smith-Douglass-Borden Chemical Division  
U.S. EPA ID NO.: ILD 005 468 822

Dear Mr. Heaton:

This is to acknowledge receipt of your letter of December 16, 1982, requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 270.11 (enclosed). Please resubmit your request with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

If no response is received in this office within 30 days, we will assume your facility requires a permit. Accordingly we will continue to process your application.

Please feel free to contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Permit Application Withdrawal Letter," in all correspondence on this matter.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Karl J. Klepitsch, Jr.".

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: Robert W. Gutheil, President  
Barton W. Bailey, Director Environmental Affairs



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

Thomas R. Heaton, Environmental Specialist  
Environmental Affairs

Borden Incorporated

180 East Broad Street

Columbus, OH 43215

RE: Permit Application Withdrawal Letter

FACILITY: Smith-Douglass - Borden Chemical Division

USEPA ID NO.: ILD 005 468 822

Dear Mr. Heaton:

This is to acknowledge receipt of your letter of December 16, 1983, requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 122.6 (enclosed). Please resubmit your request with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

Please feel free to contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Permit Application Withdrawal Letter," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosures

cc: Robert W. Gutheil, President  
cc: Barton W. Bailey, Director, Environmental Affairs

OK  
5/3/83

SW  
6/23/83

SAME AS ABOVE

**BORDEN INC**

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215  
TELEPHONE: (614) 225-4292

July 15, 1983



**W. BAILEY BARTON**  
DIRECTOR  
ENVIRONMENTAL AFFAIRS

Mr. Karl J. Klepitsch, Jr., Chief  
USEPA Region V  
Waste Management Branch  
230 South Dearborn St.  
Chicago, IL 60604

Attn: 5HW-13

Re: Permit Application Withdrawal Letter  
Borden Inc., Pet-Ag Division, Hampshire, IL  
EPA ID #ILD005468822 PA, GITSD, PAS 1

Der Mr. Klepitsch:

On November 17, 1980, Borden Inc. submitted to USEPA a Part A application for drum storage of hazardous waste at the referenced site. This was a protective filing, and since that submittal no hazardous waste has been generated, stored, treated, or disposed of at this site.

Borden requests withdrawal of TSD interim status for this site, but does wish to maintain the generator ID number.

If you have any questions, please call Tom Heaton of my staff at (614) 225-4860.

Very truly yours,

  
W. Bailey Barton

WBB/slw

cc: Mr. Rama K. Chaturverdi  
Illinois EPA, Div. of Land Pollution Control  
2200 Churchill Rd.  
Springfield, IL 62706

L. Janik  
D. Kuhfahl/Hampshire, IL

**RECEIVED**  
JUL 19 1983

**WASTE MANAGEMENT  
BRANCH**

**RECEIVED**  
7/21/83



**BORDEN INC**

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215  
TELEPHONE: (614) 225-4292

July 15, 1983



**W. BAILEY BARTON**  
DIRECTOR  
ENVIRONMENTAL AFFAIRS

Mr. Karl J. Klepitsch, Jr., Chief  
USEPA Region V  
Waste Management Branch  
230 South Dearborn St.  
Chicago, IL 60604

Attn: 5HW-13

Re: Permit Application Withdrawal Letter  
Borden Inc., Pet-Ag Division, Hampshire, IL  
EPA ID #ILD005468822

Der Mr. Klepitsch:

On November 17, 1980, Borden Inc. submitted to USEPA a Part A application for drum storage of hazardous waste at the referenced site. This was a protective filing, and since that submittal no hazardous waste has been generated, stored, treated, or disposed of at this site.

Borden requests withdrawal of TSD interim status for this site, but does wish to maintain the generator ID number.

If you have any questions, please call Tom Heaton of my staff at (614) 225-4860.

Very truly yours,

W. Bailey Barton

WBB/slw

cc: Mr. Rama K. Chaturverdi  
Illinois EPA, Div. of Land Pollution Control  
2200 Churchill Rd.  
Springfield, IL 62706

L. Janik  
D. Kuhfahl/Hampshire, IL

**BORDEN INC**

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215  
TELEPHONE: (614) 225-4292

July 15, 1983



**W. BAILEY BARTON**  
DIRECTOR  
ENVIRONMENTAL AFFAIRS

Mr. Karl J. Klepitsch, Jr., Chief  
USEPA Region V  
Waste Management Branch  
230 South Dearborn St.  
Chicago, IL 60604

Attn: SHW-13

Re: Permit Application Withdrawal Letter  
Borden Inc., Pet-Ag Division, Hampshire, IL  
EPA ID #ILD005468822

Der Mr. Klepitsch:

On November 17, 1980, Borden Inc. submitted to USEPA a Part A application for drum storage of hazardous waste at the referenced site. This was a protective filing, and since that submittal no hazardous waste has been generated, stored, treated, or disposed of at this site.

Borden requests withdrawal of TSD interim status for this site, but does wish to maintain the generator ID number.

If you have any questions, please call Tom Heaton of my staff at (614) 225-4860.

Very truly yours,



W. Bailey Barton

WBB/slw

cc: Mr. Rama K. Chaturverdi  
Illinois EPA, Div. of Land Pollution Control  
2200 Churchill Rd.  
Springfield, IL 62706

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**BORDEN INC**

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215  
TELEPHONE: (614) 225-4292

July 15, 1983



**W. BAILEY BARTON**  
DIRECTOR  
ENVIRONMENTAL AFFAIRS

Mr. Karl J. Klepitsch, Jr., Chief  
USEPA Region V  
Waste Management Branch  
230 South Dearborn St.  
Chicago, IL 60604

Attn: 5HW-13

Re: Permit Application Withdrawal Letter  
Borden Inc., Pet-Ag Division, Hampshire, IL  
EPA ID #ILD005468822

Der Mr. Klepitsch:

On November 17, 1980, Borden Inc. submitted to USEPA a Part A application for drum storage of hazardous waste at the referenced site. This was a protective filing, and since that submittal no hazardous waste has been generated, stored, treated, or disposed of at this site.

Borden requests withdrawal of TSD interim status for this site, but does wish to maintain the generator ID number.

If you have any questions, please call Tom Heaton of my staff at (614) 225-4860.

Very truly yours,



W. Bailey Barton

WBB/slw

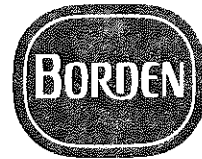
cc: Mr. Rama K. Chaturverdi  
Illinois EPA, Div. of Land Pollution Control  
2200 Churchill Rd.  
Springfield, IL 62706

L. Janik  
D. Kuhfahl/Hampshire, IL

**BORDEN INC**

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215  
TELEPHONE: (614) 225-4292

July 15, 1983



**W. BAILEY BARTON**  
DIRECTOR  
ENVIRONMENTAL AFFAIRS

Mr. Karl J. Klepitsch, Jr., Chief  
USEPA Region V  
Waste Management Branch  
230 South Dearborn St.  
Chicago, IL 60604

Attn: 5HW-13

Re: Permit Application Withdrawal Letter  
Borden Inc., Pet-Ag Division, Hampshire, IL  
EPA ID #ILD005468822

Der Mr. Klepitsch:

On November 17, 1980, Borden Inc. submitted to USEPA a Part A application for drum storage of hazardous waste at the referenced site. This was a protective filing, and since that submittal no hazardous waste has been generated, stored, treated, or disposed of at this site.

Borden requests withdrawal of TSD interim status for this site, but does wish to maintain the generator ID number.

If you have any questions, please call Tom Heaton of my staff at (614) 225-4860.

Very truly yours,



W. Bailey Barton

WBB/slw

cc: Mr. Rama K. Chaturverdi  
Illinois EPA, Div. of Land Pollution Control  
2200 Churchill Rd.  
Springfield, IL 62706

L. Janik  
D. Kuhfahl/Hampshire, IL



# RECORD OF COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE  
☐ OTHER (SPECIFY)

(Record of item checked above)

TO: Mr. W. Bailey Barton

FROM: B. Strom

DATE 7/25/83

TIME 2:20PM

SUBJECT Borden Inc.  
ILD 005 468822

## SUMMARY OF COMMUNICATION

Mr. Barton - (614) 225-4860 - Explain cert. fication requirements - Mr. Heaton - Mr. Barton has been authorized to sign all correspondence - Mr. Heaton is sending in a letter signed by a VP delegating that authority to Mr. Barton. He said he would return it as quickly as possible.

## CONCLUSIONS, ACTION TAKEN OR REQUIRED

## INFORMATION COPIES

TO:

**BORDEN INC**

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215

August 5, 1983

OH 068 932 011

OH 000 4 297804

MLD 092 950195

MLD 068 824 655

ILD 003 178175

ILD 005 158548

ILD 005 468822

RECEIVED

ILD 074 367 434

AUG 13 1983

THOMAS R. HEATON  
ENVIRONMENTAL SPECIALIST  
ENVIRONMENTAL AFFAIRS

WASTE MANAGEMENT BRANCH  
EPA, REGION V

USEPA Region V  
RCRA Activities  
P.O. Box 3587-A  
Chicago, IL 60690

Attn: Ms. Rebecca Strom

Re: Signatory Authorization

Dear Ms. Strom:

As per our telephone conversation on July 28, 1983, I am enclosing the letter from Mr. Ventres, Borden Inc. Executive Vice President, authorizing W. Bailey Barton to sign RCRA related documents.

If you have any questions, please call me at (614) 225-4860.

Sincerely,

*Thomas R. Heaton*

Thomas R. Heaton

TRH/slw

cc: W. B. Barton  
R. J. Ventres

Enclosure

RECEIVED  
8/12/83

**BORDEN CHEMICAL**  
DIVISION OF BORDEN INC



R. J. VENTRES  
PRESIDENT

August 2, 1983

TO WHOM IT MAY CONCERN:

This will authorize W. Bailey Barton, Director, Environmental Affairs, to sign permit applications, certification statements and withdrawal request submitted to USEPA regarding hazardous waste activity in Borden Chemical, Division of Borden Inc.

A handwritten signature in dark ink, appearing to read "R. J. Ventres". The signature is fluid and cursive, with a large initial "R" and a long, sweeping underline.

R. J. Ventres  
Executive Vice President  
Borden Inc

RJV:ac



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5HW-13

W. Bailey Barton, Director Environmental Affairs  
Borden, Incorporated  
165 N. Washington Avenue  
Columbus, OH 43215

RE: Withdrawal of Part A (Protective Filing) <sup>H</sup>  
FACILITY NAME: Smith-Douglass-Borden Chemical Division  
USEPA ID NO.: ILD 005 468 822

Dear Mr. Barton:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of July 15, 1983, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has not, since November 19, 1980, treated, stored, or disposed of hazardous waste, and this permit application was a protective filing. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with all applicable State and local requirements.

You will retain your USEPA Identification number if you notified as a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Protective Filing)," in all telephone contacts and correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

cc: Thomas R. Heaton, Environmental Specialist  
R.J. Ventres, Executive Vice President  
Robert W. Gutheil, President  
IEPA





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5HW-13

W. Bailey Barton, Director Environmental Affairs  
Borden, Incorporated  
165 N. Washington Avenue  
Columbus, OH 43215

RE: Withdrawal of Part A (Protective Filing)  
FACILITY NAME: Smith-Douglass-Borden Chemical Division  
USEPA ID NO.: ILD 005 468 822

Dear Mr. Barton:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of July 15, 1983, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has not, since November 19, 1980, treated, stored, or disposed of hazardous waste, and this permit application was a protective filing. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with all applicable State and local requirements.

You will retain your USEPA Identification number if you notified as a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Protective Filing)," in all telephone contacts and correspondence on this matter.

Sincerely yours,

*Karl J. Klepitsch Jr.*

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

SAME  
Add. {  
As: {  
Above {  
cc: Thomas R. Heaton, Environmental Specialist  
cc: R. J. Ventres, Executive Vice President  
cc: Robert W. Gutheil, President

cc: EPA

*12/20/83*

ID # 1LD005468822FACILITY NAME Borden Inc. Consumer ProdLOCATION HampshireCOMPLIANCE STATUS: IN OUT  
VIOLATION CLASS: I II III  
G T TSD  
REVIEWER:  
DATE:INSPECTION REVIEW

ACTION ITEM	STRT DATE	END DATE	RPT COMP	STAT CODE	RESP AGCY	RESP PERS	COMM	FREE FLDS	TYPE INSP	PART AGCY	LINK
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ENFORCEMENT ACTIONS

ACTION ITEM	DATE ISUD	DATE DUE	DATE RECD	STAT CODE	STAT DATE	RESP AGCY	RESP PERS	COMM	FREE FLDS	PLTY ASSD	PLTY CLTD	DTHR COM	DTHR COMP	LINK
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3	82/04/16	82/05/05	<del>82/04/16</del>		82/04/16		S							
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10101

COMMENTS:

## INSPECTION REVIEW FORM

715

NAME OF FACILITY: Borden, IncID NO. 1C D005468822LOCATION: (Address): 201 Keyes Ave  
Hampshire 1C 60190OPERATION: ☒ G ☐ T ☒ TSD  
(Circle Appropriate)INSPECTOR ☒ S ☐ F ☐ JDATE OF INSPECTION: 4-1-82NAME OF REVIEWER & DATE: SK Swanson 5-26-82COMPLIANCE STATUS  
(circle one) ☐ IN ☒ OUTVIOLATION CLASSIFICATION: None ☐ I ☐ II ☒ IIISTATE ACTION: Sent warning letter 4-16-82

RECOMMENDED ACTION:

☒ NONE ☒ MONITOR STATE ☐ LETTER ☐ ADMINISTRATIVE COMPLAINT ☐ REFERRAL

ASSIGNEE: \_\_\_\_\_

DATE ASSIGNED: \_\_\_\_\_

cc: Unit Inspection Log